

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; SUITE 2035
NORTH ANDOVER, MASSACHUSETTS 01845



Phone: 978.688.9540

Fax: 978.688.8476

E-mail: healthdept@northandoverma.gov

APPLICATION FOR DUMPSTER PERMIT

*PURSUANT TO SECTION 31A AND 31B OF CHAPTER III
OF THE GENERAL LAWS, AND RULES AND REGULATIONS OF THE
NORTH ANDOVER BOARD OF HEALTH*

DATE:

Application is hereby made for a permit to maintain a dumpster(s) on property located at

in accordance with the rules and regulations of the Board of Health.

Applicant:_____

Property Owner:_____

Name of Contact: _____

Owners Address:_____

Address:_____

Owners Phone #:_____

Telephone#:_____

Email address: _____

Dumpster Company:_____

Telephone#:_____

Pick-Up Schedule:_____

On the back of this form, please sketch an outline of property, showing the proposed location of the dumpster(s). Give distance from dumpster to other buildings and lot lines or boundaries.

Annual Dumpster Permit Fee: \$60.00 per establishment

Payable to: Town of North Andover. **LATE FEE AFTER FEBRUARY 28TH BE DOUBLED - \$120.00**

*Please note that all contact information and the associated fee is required upon application submittal.